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ABSTRACT

The care of preschool migrant children in day care and preschool centers in central New York State was studied. The aim of this study was to provide individuals, institutions, state and local educational and social agencies with current descriptive data as well as recommendations for conducting such centers. Major objectives were to: identify special needs in education, health, safety, and social welfare in each center; provide information about basic components which would be useful in developing programs to meet the migrant child's need and the accepted standards of day care; design a program for training personnel; and plan a summer model day care program integrating health, education, nutrition, and social welfare services. Eleven day care centers and 6 preschool centers were used. Visits to these centers and interviews with personnel such as directors, teachers, cooks, nurses, and volunteers were conducted. A survey evaluation instrument was used to systematize the interviews. Findings showed that any favorable results from these programs depend on the basic components, the quality of all adults involved with each component, and the need for extensive and intensive training of the professional and paraprofessional personnel. (NQ)

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A COMPREHENSIVE STUDY OF THE EDUCATIONAL PROGRAM AND RELATED COMPONENTS OF PRESCHOOLS AND DAY CARE CENTERS SERVING CHILDREN OF MIGRANT FAMILIES

by

Bessie E. Chandler

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NEW YORK STATE CENTER FOR MIGRANT STUDIES

The New York State Center for Migrant Studies is an independent organization devoted to professional research in the areas of education, employment, community relations and other aspects of the conditions of migrant labor in the State of New York.

The principal purposes are to initiate studies relevant to understanding and improving the conditions of the migrant, and to publish and disseminate these studies. The New York State Center for Migrant Studies, co-sponsored by the New York State Education Department's Bureau of Migrant Education, John Dunn, Chief, and the State University College of Arts and Science at Geneseo, New York, Robert W. MacVittie, President, was founded in February 1968.

The study has been recommended for publication by the Publications Committee of the Executive Council o the Center as an important contribution to the understanding of the migrant problem. It has been approved by the Executive Council of the Advisory Board of the Center except as specifically indicated and supercedes all previous drafts released for private circulation prior to publication. However, the interpretations and conclusions of the study are those of the author and do not necessarily represent the official position of the Center.

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Miss Chandler received an appointment from the U. S. Office of Education to serve as a National Educational Consultant and Technical Specialist for Follow Through Programs directed by the Department of Compensatory Education of HEW. She served as Education Director for Project Head Start for St. Louis, city and county. While director of Head Start she prepared the educational training materials, organized and conducted in-service training programs.

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She designed and directed the 1970 Migrant Summer Day Care and Pre-School Training Program for all day care and preschool professionals, para-professionals, and supervisory staff. She also designed the preschool center which was used as a laboratory center for those in training.

Miss Chandler has directed several early childhood education projects since being on the faculty at State University College of Arts and Science at Geneseo.

She is the author of the teachers handbook, Early Learning Experiences.

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ABSTRACT

This is a comprehensive study of the educational program and related components of preschool and day care centers serving children of migrant families in central New York State.

This study focuses upon the care of preschool migrant children in day care and preschool centers located in central New York State. The major aim of this study is to provide concerned individuals, institutions, state and local educational and social agencies with current descriptive data as well as recommendations for conducting such centers.

The population consisted of eleven day care centers and six preschool centers. The number of children surveyed could not be reported with a high degree of accuracy due to inadequate record keeping in some of the centers. Directors, teachers, cooks, nurses, and volunteers were interviewed by the study personnel. The specific major objectives encompassed in this study are:

Identifying the special needs in education, health, safety and social welfare in each center.

Providing information about basic components of the day care and preschool centers which would be useful in developing programs to meet the needs of the migrant child and the accepted standards of day care.

Designing a training program for the training of day care and preschool supervisors, teachers, and other staff personnel.

Planning a summer model day care program with the integration of services: health, education, nutrition, and social welfare.

The study's procedural modus operendi included visits to each of the seventeen centers and interviews with personnel. A survey of the literature on the culturally disadvantaged with an emphasis on the migrant families as presented in chapter two was also undertaken. A survey evaluation instrument was designed and employed to systematize the interviews. The instruments for the day care and preschool centers as well as the summary of responses are included in Appendix A and B respectively. The interviews also sought to identify problem areas found in the centers that were not included within the format of the survey evaluation instruments. The study also sought to gather information as to ways that facilities and people within the community were utilized. An effort was also made to determine how parents participate in such programs. All of these procedures were designed to allow for the making of recommendations for providing adequate housing for centers and for developing educational programs designed to meet the needs of the migrant child and his family.

It was found that any favorable results emanating from migrant day care and preschool programs depend upon the basic components and upon the quality of all adults involved with each component. Consequently, it is

essential that each center strives toward the development of excellent and well integrated programs. The centers surveyed provided evidence of a wide range of quality in present programs. The study revealed the need for extensive and intensive training of the professional and paraprofessional personnel. The descriptive data given throughout the study indicate the need for the implementation of the recommendations stated herein.

As a result of this study the following recommendations were generated:

A. The preschool classrooms and day care centers should provide adequately for the intellectual development of the young migrant child. Learning takes place through direct experiences, stimulated by such materials as blocks, puzzles, toys, and appropriate equipment for dramatic play, for manipulative play, and for large and small muscular coordination.

B. The teachers, aides and other adults must provide the needed supportive role for each child and the total group. Specifically, the children should be read to, talked to, and interacted with.

C. The primary task of the educational component of day care centers and preschool classes should be to provide:

1. Environment

    a. Clearly defined work-play centers or space for given activities.
    b. Colorful and attractive rooms.
    c. Adequate materials and appropriate equipment to stimulate learning.

2. Directors, teachers, aides, volunteers, et al should:

    a. Provide daily preparation of rooms for work-play activities.
    b. Move about properly supervising the children at all times.
    c. Have an awareness of each child as an important person.
    d. Provide daily a stimulating program of interacting, verbalizing, identifying, sorting, role playing, singing, painting, playing, and all such direct learning tasks.

D. Parents should be sufficiently involved in the programs to at least understand the importance for their child, and later give some support and reinforcement when returning to their home environment.

E. Visits should be made to the migrant camps to talk with the parents about the day care or preschool program to acquaint them with what the nature of the total program should be.

F. A state commission composed of teachers, early childhood education college professors and other specialists of related disciplines should be created to coordinate and develop broad curricular guidelines, appropriate materials and methods for migrant day care centers and summer preschool classes.

G. Designs of model summer programs should be interdisciplinary in structure and with specific instructional and interaction processes developed with identification of the supportive role of each discipline to the total innovative program.

H. Staff members of each summer day care center or preschool class should develop procedures to involve large segments of the broader community in the educational, health and social welfare phases of the program, so that a more effective program for young migrant children might be provided.

I. Professional resources provided by state, county, or local institutions or agencies should assist day care center adults in nutrition and food.

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CHAPTER I

THE PROBLEM AND PURPOSE

The Problem

The migrant agricultural workers are frequently described as America's forgotten people; their children are referred to as "the most educationally deprived group of children in our nation."[1] They enter school late, they stay out of school to baby-sit while other members of the family work in the fields. The infant in the migrant family grows into his early child period with many tensions and frustrations. Most of the preschool age children show insecurity, distrust and anger in a physical manner.

The relative strengths of the agricultural migrant child are built into him in such a way that he is able to cope with his depressed environment. Both the younger and older children work, assume care of the youngest siblings, including such activities as feeding them breakfast and dressing them. This sense of responsibility to brothers and sisters, and the practice of self-care are basic strengths of the child when he enters day care at five or six years of age, or goes to school at seven.

> "The migrant is a minority within a minority. The migrant minority meets the most discrimination, does the hardest work, earns the least money, has the least job security, the least formal schooling, the lowest status. His migrancy separates him from the larger community; his minority status aggravates the separation."[2]

The Purpose

In August 1969 the New York State Center for Migrant Studies initiated a study on migrant day care and preschool centers in the state of New York. The author of this monograph was invited to be the study director, and to select an early childhood education graduate student to assist her with the gathering of data. Throughout the study this assistant will be identified as the evaluator.

The major objectives for this project were:

A. Identifying the special needs in education, health, safety, and social welfare in each center.

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[1] George E. Haney. Selected State Programs in Migrant Education. Department of Health, Education and Welfare. p. 1. Washington, D.C., 1963.

[2] Louisa R. Shotwell. The Harvesters. Doubleday and Co. p. 35. Garden City, New York. 1961.

B. Providing information about the basic components of day care and preschool centers which would be useful in developing programs to meet the needs of the migrant child and the accepted standards of day care.

C. Designing a training program for the training of day care and preschool supervisors, teachers and other staff personnel.

D. Planning a summer model day care program with the integration of such services as health, nutrition, education and social welfare.

Specific objectives included in the project were:

A. Visiting each center to observe and interview personnel.

B. Surveying current literature on the culturally disadvantaged with emphasis on migrant families.

C. Assisting with the structure of an evaluation instrument.

D. Identifying problem areas found in the centers but not included in the evaluation instrument.

E. Gathering information on ways the community facilities and people are used by the migrant centers.

F. Discovering how parents participate in the program.

G. Making recommendations from data gathered which would be useful in providing adequate housing, improving health and safety conditions, creating environments conducive to enjoying nourishing food, establishing good food practices, developing good educational programs based on the needs of the migrant child, and planning appropriate training programs for adults.

There is much supportive material that emphasizes the importance of training programs for both professionals and paraprofessionals to improve the services provided by migrant day care centers and preschool classes.

Since there is a natural and acceptable overlap of functions of each component, teachers, assistants, aides and volunteers need to be knowledgeable of tasks of each component and share in related responsibilities within the program. This is possible when a system of preservice and inservice training is established for adults involved in migrant day care centers and preschool classes.

Personal observations made by the author and the evaluator during interviews, revealed extreme insecurity, anxiety, and a desire to know and understand how to perform responsibilities within the structure of a good day care program, on the part of all personnel. The results of the study strongly indicated the basic element needed is, well organized, regular training programs and involving concerned professionals in each represented component.

CHAPTER II

REVIEW OF THE LITERATURE

PART A: Profile of the Migrant Family and the Migrant Child

In the migrant subculture environment, mothers are not solely restricted to the responsibility of child rearing. Child rearing is assumed by one of several generation groups represented in the extended family---grandparents, aunts, uncles, and children in the family as young as five and six.

Robert Coles states:

> The infant sleeps with his mother for the first few months, then is entrusted to the older children... In such cases, girls five or six become quite occupied in introducing food to the child, playing with him, and clothing him. If there are only very young children, the infant will still likely go to the oldest of these...almost as a gift or birthright.[1]

The relative strength of the disadvantaged migrant child is "built" into him in such a way that he is able to cope with his depressed environment. Both the younger and older children work, assume care of the youngest siblings, feeding them breakfast and dressing them. This sense of responsibility to brothers and sisters, and self care are basic strengths of the child when he enters a day care center at five or six or goes to school at seven.

This report is concerned with the predominant characteristics of the migrant child and his changing environment. A comprehensive survey of these young children and their environment should provide substantial information to those having the responsibility of planning, teaching, and caring for them.

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[1] Robert Coles, M.D., The Lives of Migrant Farmers. American Psychiatric Association, Harvard University Health Services, Cambridge, Mass., 1965.

Educating Migrant Children states:[2]

The predominant characteristic of the migrant child's life is a constant change of environment. Because of this mobility pattern, it becomes imperative for him to adjust to a variety of schools and communities. Coming from anywhere and by any means, his family usually arrives without money and probably little guarantee of a place to stay...They live in discarded transit buses, tar paper shacks, crowded barracks, and abandoned houses. Outside water taps, hand pump wells, and outdoor toilets are common as is a lack of adequate cooking, lighting and heating facilities... Sanitary conditions are often poor, for no provisions may be made for garbage disposal. The crowded conditions contribute to disorderliness and untidiness ...The migrant child is influenced by all these conditions. A few relevant statements are included here to further reveal something of the lifestyle of the young migrant child. The migrant home often includes T.V. and radio but no reading materials such as books, newspapers, and magazines. The migrant child lacks the experience of playing with toys, blocks, and games; coloring with crayons; cutting with scissors; and many other activities that non-migrant children do have and which aid them in the development of perceptions, relationships, and background essential for readiness to learn...The child has restricted experiences and often limited conversational opportunities for language development... Models of good sentence structure and vocabulary are not readily available to him. He speaks and listens in his dialect or own language. His auditory discr mination is poorly developed, and he has difficulty associating sounds...He has little concention of places, directions, and distance...The migrant child is not only culturally different and educationally deprived, but he has immediate needs of nutrition, clothing, and medical care. He lacks the knowledge of personal hygiene and many basic health habits... A migrant program will have little value unless a serious attempt is made to better the health of the child. Because of this variety of limitations, the

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[2] Educating Migrant Children, The University of the State of New York. The State Education Department Bureau of Elementary Curriculum Development.

> migrant child lacks many skills, especially the skills of communication...The child does not come from an environment that is conducive to good listening.

This review of the literature regarding the nature and limitations of the migrant child, discloses that the child has poor health habits, deviant communication patterns, low perceptual awareness, lacks experiences with toys and large play equipment and has immediate needs in nutrition, clothing and personal hygiene. Finally, because migratory children have lived in substandard living conditions, have had adult responsibilities cast upon them in their formative years before they were capable of accepting them, have been deprived of cultural experiences which would contribute to their success in school...they have become misfits in adult living.[3]

The decade of the sixties might be characterized as the decade of the disadvantaged with respect to social concerns for children, especially for the poverty child and his family. Schools and social agencies developed programs for the disadvantaged. New approaches were proclaimed for the development of the preschool child in the poverty areas of this vast country. Model programs developed by institutions of higher learning, local school districts, demonstration centers, incorporating new curriculum materials, and innovative modes of organization and operation were initiated to deal with the problems of deprivation related to the young child and his family. The most familiar of the innovative programs was Project Head Start.

Unfortunately, many persons do not recognize that a good group experience for a young child, whether it is in a Child Development Center (Head Start), or in good day care, is essentially the same. Since this report is concerned with identifying the special needs in education, health, safety, and welfare of the disadvantaged migrant preschool age child, it seems appropriate to include in this section, a statement from the Office of Economic Opportunity, showing the relationship between day care centers and preschool centers.[4]

The following objectives are included in documents from the Office of Economic Opportunity in which basic similarities of programs for day care, Head Start and preschool centers are described:

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[3] J.L. Frost. "School and the Migrant Child". Childhood Education 41, 1964, p.124-130.

[4] Office of Economic Opportunity, Concept of Child Development Center, Relationship to Preschool and Day Care, Washington, D.C., 1965, p.1-3.

A. Wha_ are the objectives of such comprehensive programs?[5]

1. Improve the child's physical health and physical abilities.

2. Help the child develop a positive self-image.

3. He'p the child develop social skills by encouraging self-confidence, self-discipline and spontaneity.

4. Create a climate of trust and confidence in others.

5. Establish patterns and expectations of success for the child.

6. Develop in the child and his family a responsible attitude toward the larger society.

7. Accept the child's home language as a common background.

B. What are the remedial and developmental health programs that should be followed?

1. Establish regular health services to meet the child's needs.

2. Correct disorders through the use of existing public health facilities in the medical, dental and psychological fields.

3. Immunize for polio, measles, tetanus and other children's diseases when necessary.

4. Demonstrate sound nutritional practices by providing well balanced meals for each child.

5. Send pertinent health information to the child's home) school district.

C. What social service programs should be designed so as to:

1. Make known to families all local existing social service resources and urge families to make use of them?

2. Insure local social services on a continuing basis so that families can get help as needed?

3. Provide at least a minimum of group counseling or advisory services for the children and their families?

D. What educational opportunities should be provided to overcome disadvantages?

1. Establish a rich learning environment in which the child is free to explore, to play, to have a wide variety of sensory experiences, to see relationships, to develop motor skills, to solve problems, to sing and to create.

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[5]Ibid.

2. Encourage expansion of language through a variety of activities which permit free conversation and creative expression.

3. Provide teachers and non-professionals who are consistently warm, friendly and supportive in teacher-child interaction.

4. Utilize indoor and outdoor space for activities to be carried on in small groups (three or four children) or on an individual basis, as appears most desirable.

5. Provide a flexible schedule and program suited to needs of the group and to individual children within the group.

6. Use volunteers, aides, student assistants in and with certain activities in which they have special interests, skills or talents.

7. Acquaint the young child with the world about him through short walks to the playground, the park, the store, the church, the school, the fire station, the post office and to other such places.

8. Introduce him to the natural beauty and sounds about him.

9. Increase the opportunities for the child to succeed in what he is doing by constant supervision.

10. Invite parents to become involved in aspects of the program when possible to do so.

The foregoing statements which are goals of programs for young children are quite characteristic of any programs and reflect no marked differences in basic objectives of preschool programs.

The Office of Economic Opportunity[6] in one of its publications raised questions as to similarities between components of day care centers, nursery schools and preschool centers.

What are the similarities, if any?

1. Basic equipment, materials and supplies are needed in all centers regardless of their name.

2. Space requirements are the same for all groups serving young children.

3. Standards for adult-child ratio per group are the same.

4. The same guidelines should be adhered to for the maximum number of children in a group.

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[6] Ibid., p. 2.

5. The educational program in all groups should be based on an understanding of the needs and level of development of each individual child. The program should focus on the development of the total child: intellectual, social, physical, and emotional.

6. Care and protection of children in all day care centers and preschools must combine services of the components of health, welfare and education. These services basically contribute to the growth and development of the child.

This strong sense of shared goals, values and identical program emphasis in day care centers and in preschool centers is demonstrated by similarities in the best state legislative provisions for licensing and certification. It is demonstrated by almost exactly parallel standards developed by national professional associations concerned with day care and with preschool education.

A day care program for children under six years of age has responsibility for the total development of the child--for everything the child should get in a good home plus what he should get in a good school if it is an all day, day care program.[7] Comprehensive services are essential to quality day care. Ages served should include infants and toddlers as well as preschool- and school-age children In-home care must be provided on a temporary basis for the child too ill to attend day care programs. Every precaution must be taken to insure that physical facilities are safe and hygenic; that staffing is adequate; that opportunities are provided for parents to become involved; and that social, health and nutritional services are available.

For day care to work well, the program design must have unity despite the complexity of relationships: the educator must be concerned with health matters, the nurse with social service activities, the social worker with the educational program.

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7 Annie L. Butler, Journal of Childhood Education, Vol. 41, Nov. 70, Washington, D.C., p. 61.

CHAPTER III

THE STUDY DESIGN

The Locale

The study project was conducted in sections of Central New York State where migrant camps were located and in the nearby school districts where summer preschool classes were held or in communities where day care centers were conducted. (These centers operated until the close of the harvest season.)

The Population

The study included young children in eleven day care centers and six preschool centers. The number of children surveyed varied due to inadequate record keeping in the centers. Directors, teachers, cooks, nurses, and volunteers were interviewed by the study director or the assistant director, who will be referred to as the evaluator in this report.

The Study Purpose

The structure of the study was designed to re-evaluate the status of the migrant day care centers and preschool classrooms in New York State. It was hoped that the realization of the major and specific goals would lead to the development of migrant preschool and day care programs that would be constructive and relevant to the needs of young migrant children.

Procedure

An evaluation instrument was developed by the Chairman of the Department of Research and Foundation, Education Division, State University College of Arts and Science at Geneseo. A supplementary section prepared by the study director was used in part to gather data. A sample of the evaluation instrument is contained in Appendix I.

Interviews and observations provided the most adequate data-gathering devices, as shown in these profiles:

A Day Care Center September 1969

Director of Center-(comments) "A great deal of planning is necessary to carry out a program."

Evaluator- "What method do you use in planning with the volunteers?"

Director- "They do not care to hear suggestions or have someone tell them how to incorporate ideas about how children learn."

Evaluator- (.) Observation made during the interview...There appears to be a considerable personality problem. The director, a young lady, enthusiastic with many bright ideas, the volunteers older women

who strongly feel that giving their time to "watch" the children is enough.
(2) Observation- Volunteers do a great deal of social visiting with each other, while children are fighting, biting, and engaging in other physically aggressive behavior.

Evaluator- "How are the volunteers scheduled?"

Director- "They schedule themselves over one to two hour periods per day. This makes it difficult to have planning sessions or even discuss any of the problems.

Evaluator- (3) Observation- Two volunteers were trying to decide what they should do during the next hour, should they just watch the children while they played, read a story or take them for a car ride. The children had just arrived at the center, had breakfast, and now the workers had decided to take them for a ride in the car. No plans or preparations for a purposeful ride were made. Just a ride for the children and visiting for the workers.

Evaluator- "Do you have a copy of your daily program?"

Director- "Yes, we have one but we never follow it. It is the schedule "they" sent us. We have too many children, no equipment, no materials, and no partially trained help."

Evaluator- (4) Observation- A three year old child is sent to the toilet alone, (although several adults were available). The child did not flush the toilet, did not wash or rinse his hands, was unable to sit comfortably on an adult size toilet stool. A step-on-stool was in the toilet room, but the child did not use it. No toilet tissue, paper towels or soap was available for use. One mirror was in the room but it was too high to be used by a preschooler.

Evaluator- (comments) "I do not feel that this disorganization is a reflection against the director. She is interested in her work and eager to overcome the personality conflict but needs help from a supervisory source. Volunteer helpers who do not have time for listening or learning about the migrant children and his subculture are a definite problem.

In this sample of information gathering the evaluator was not able to use either the evaluation instrument or interview a staff member, so observation technique was used.

Center director: Mother of 15 children, very warm and understanding of needs of children. She encouraged good health habits and safety of children. She felt very inadequate because she had not been trained to work with groups of children. She failed to respond openly to evaluator in a conversation.

Volunteer teachers: Read stories, do exercises, teach songs and do number work with the children.

County Public health nurse: Visits approximately once per week.

Children: 7 preschoolers
2 babies
1 toddler

Observation of physical plant: The day care center is housed in donated building which needs many repairs-a building loaned rent free to the state-but state makes no repairs to assure the safety of the migrant children. A gas space heater was provided by the state without any screens for the protection of the children. Volunteer teachers made a screen of chairs around the space heater. The area in the vicinity of the heater was so hot a Frisbee thrown accidently near by melted immediately. This heater was dangerous, but was the only way to heat the building in spite of the plastic ceiling and cracks in walls stuffed with inflammable materials. The playyard was in very poor condition, broken glass and unsafe, dirty objects were in the yard. There was no large outdoor equipment, motor toys or any outside play materials.

The few toys in the center were donated by individuals in the community. (Information olunteered by teachers)

The director, a motherly woman, and her volunteer teachers need praise and encouragement for undertaking the task of a day care under such extremely adverse conditions.

This preceding report provides a sample of the interview/observation technique employed in this study. While not standardized, the general format should be somewhat clear in the following sample.

This study further revealed the need for extensive and intensive training of the professional and paraprofessional personnel. The descriptive data given in the tudy indicates the need for the implementation of recommendations as stated. Tnis will be dealt with in greater detail later in the report.

CHAPTER IV

THE BASIC ROUTINES OF DAY CARE CENTERS

These data, representing the results collected through observations and interviews were gathered from eleven day care centers funded by the New York State Department of Agriculture & Markets.

A. Health Habits and Training- Observation

1. Results: In six centers it was evident that little or no effort had been made to establish good health habits such as washing hands before meals, rinsing fingers after toileting, or in general, proper care and cleanliness after toileting, such as the use of toilet tissue. In each of the six centers, the toddlers and three year olds needed help and guidance in toilet training. In one situation only one wash cloth and one cloth towel were used on the faces of the fifteen or more children present. In this same center an adult used the same facial tissue on three toddlers' noses.

   In these same centers it was observed that the infants were bathed, dressed in clean clothes, fed and put to bed.

   It was noted in four of these centers, unsanitary potty chairs were kept in the play rooms of the toddlers, and the sleeping area of the infants.

   In the remaining five day care centers efforts were made to guide the young children in establishing good health habits. Even though toilet room facilities were not adjacent or in close proximity to play rooms, children were accompanied by an adult and carefully supervised during washing and toileting routines. In these centers the toilet facilities were clean, with sufficient toilet tissue, paper towels and facial tissue. Infants and toddlers were bathed, fed and dressed in clean clothing daily. In these centers the threes and fours who needed this attention were given the same care as a part of the morning routine.

2. Conclusion:

   If improvement of health habits and training are to be obtained in day care centers, the toddlers and two year olds especially, need guidance and help in toilet training. The four and five year olds who have only been exposed to using the "highgrass" or "behind the trees" for a toilet, need a responsible adult to guide them through the toilet routines. With the volume and low price of paper towels, tissues and napkins on the market today such supplies should be abundantly found in day care centers. It is important that all facilities in all day care centers meet the standards of the local board of health.

B. Nutrition and Mealtime

1. Results: Data gathered by observations and interviews indicate that less than one-third of the eleven day care centers visited provided well-balanced meals. The meals were not served on a given routine schedule. To

illustrate variations in the feeding program and other inadequacies relating to mealtime, this situation is cited as observed by both study director and evaluator:

> More than eighteen infants and toddlers, fifteen to twenty-four months of age, had waited from a bit past 7:00 AM to 11:30 AM to be served food. On arriving at 7:00 AM they were given juice (small glass) and one cracker for breakfast. No snack was served after an interval of one or two hours. At 11:00 AM when the study director and evaluator arrived, the children were almost unmanageable, crying, sucking fingers, biting lips, sucking toys, fighting, and other behavior indicating extreme hunger. Facilities for preparing and serving the meals were extremely limited, thus extending the waiting time for serving. The limited number of high chairs and kitchen table space could accommodate only four or five toddlers at a time. The entire mealtime lacked all of the "ingredients" of a happy mealtime. The three through five year olds in another room were equally tired and hungry as they waited restlessly for lunch.

Generally, the lunch meals included too many starches with very few fruits or vegetables. In seven of the centers, finger foods such as apple wedges, carrot sticks, celery, and other raw fall fruits or vegetables were not served at snacktime or with a meal. In two centers, menus were posted on bulletin boards or on the wall. It was observed that the meals served that day were not in keeping with menus on display. Answers to inquiries about meals indicated that they were usually planned by the cook from available staples and meat, and not by a nurse or dietician from a state office.

There were four centers with well planned meals, attractively served with place mats, napkins and plastic or stainless steel tools for eating. A pleasant atmosphere permeated the mealtime, with adults helping the children develop good eating habits.

2. Conclusion:

Mealtime is a very important routine in the program of a day care center. Children spending a whole day at a center should be given breakfast, snacks, and lunch. Meal patterns are important and should be known and understood by the attending adults. Most young children eat small quantities of food and should be given snacks between meals. Failure to provide children with proper tools for eating, prevents teaching their correct use in handling food. Finger foods such as bread, raw fruit and vegetable sticks, are to be handled with the fingers; other foods demand use of proper utensils. Since there are so many fruits and vegetables that might be served at snacktime, the standard milk and cracker or juice and cookie menu should be varied several times a week. Seven of the eleven day care centers need to give more attention to planning well-balanced menus.

C. Rest and Sleep Routine

1. Results: All of the eleven day care centers visited had established rest routines. Interviews with directors and teachers did not reveal any individual sleeping problems or difficulties. However, the following problems relating to the sleep room were observed in six or more centers:

   a. On cool days in the fall children were not adequately covered.
   b. Toileting routine did not precede resting, therefore, frequent interruptions of the rest period occurred.
   c. Sleep rooms were left unattended.
   d. An atmosphere conducive to sleep was not created in the sleep-room.
   e. Inadequate floor space was observed in some centers. Cots were often placed too close to one another.

2. Conclusions:

   U ually when children are comfortable and asleep the nap period extends to one or two hours. Toddlers may sleep longer depending on their physical needs. Occasionally individual children awaken early, but with an adult present he is helped to fall asleep again.

D. Sanitation and Health Practices

1. Results: Observation data gathered at six of the eleven centers indicated poor sanitation and health practices, as shown below:

   a. Cooks and other individuals handling food did not wear hair nets or any kind of head covering.
   b. Inadequate cooking utensils were observed. Cooks inappropriately used fingers in handling certain foods.
   c. Kitchen floors, stove, table and other equipment were not clean.
   d. Toilets in two centers were adjacent to kitchens. These toilets were very unsanitary.
   e. Toilets in all six centers were dirty with accompanying bad odors.
   f. Garbage containers were usually not clean, and generally partially covered. These containers were frequently found in the kitchen.
   g. In four centers persons handling food did not wear uniforms or aprons for sanitary protection.
   h. In one situation a common cloth towel was used by adults and children as a napkin during mealtime.

i. Children were served food, other than finger foods without eating utensils.
j. In five situations the children ate meals without washing hands. In one center the children washed hands at the kitchen sink during washing routine.

2. Conclusion:

A carefully supervised program of routines, sanitation and cleanliness are all aims of good health practices. Standards are clearly stated in all regulatory statements issued by public health departments of the state, county or municipal governments. Regular inspection by proper local health officials would change conditions in day care centers, such as given in this report. Appropriate recommendations are included in the section on recommendations.

E. Health Inspection, Medical-Dental Examination

1. Results: Evidence gathered from all eleven centers are focused upon in t is discussion. Statistical findings are included in the questionnaire report. (see Appendix) Daily health inspection was not observed in any of the day care centers visited. The omission of this inspection may be a partial cause of conditions found in these two centers:

Center One: The study director observed a toddler with what apparently was a communicable disease. On touching the child, he appeared to have a slight temperature and was extremely irritable. He attempted to eat his lunch but evidently was in pain as he held one hand on the lower right jaw. The center director revealed the nurse had been called to come and examine the child but she did not respond with a visit.

Center Two: Children were observed with scalp ringworm and apparent impetigo. These are common skin rashes and are easily recognized by experienced teachers. In other centers the common cold was very prevalent. Physical and dental examinations as reported by directors were very irregular. It was further inferred that the referral system was rather inadequate.

2. Conclusion:

Routine inspection of any child who shows signs of oncoming illness will go far toward protecting the health of all the children. The teac ers should know the child's usual emotional behavior, normal skin color, eye and facial expressions, anomalies of which may probably reveal symptoms of illness. Good medical supervision is a basic requirement for the good health of all children in a group situation, especially

migrant day care centers. It is essential that complete arrangements be made for medical and dental personnel to work closely with the day care center staff in providing the best health services for migrant children.

F. Safety Practices

1. Results: In the area of safety practices the evaluator observed poor conditions in six of the eleven centers visited. Interviews with directors and teachers supported her observations of hazards and apparent lack of concern or awareness of dangerous conditions that existed in the six centers.

The evaluator reported:

a. A gas space heater sent to one center. Since a screen was not sent with the heater, adults and children screened the space heater off with chairs and large blocks to protect the children. The building did not pass fire inspection by local authorities but was used as a day care center anyway.
b. Such hazards as playgrounds with broken bottles, cans, and rusty unused and unsafe toys were seen in outdoor play area.
c. There were no step-on-stands in bathrooms. All bathroom facilities were adult size.
d. In one of the six centers large tables and chairs were arranged down the center of the room, leaving very limited space for the children. These large tables and chairs were used at mealtime. One high chair and two toy size tables and chairs were provided for twenty children.
e. In all six centers outdoor play areas were not fenced by a hedge, bushes or regular fencing. Most play areas were near streets or roads.
f. Toys were observed to be broken and in need of major repair. Sharp and broken parts made toys unsafe for play. These toys were the only play materials available to the children.
g. Too many children were compacted into space too small for them.

The study director visited one of the six centers in which more than ten toddlers and five babies were present. It was observed that only one exit was used to enter or leave the small framehouse. The front door was kept locked. All passage was through the kitchen and out the rear door. Windows were fastened because of difficulty in raising them. When inquiry was made about fire emergency and how the five babies sleeping in one room would be removed from the building, the director replied, "I was told to just break the windows and throw the babies out to someone." (The windows had small window panes.)

The five remaining centers visited showed positive elements relative to safety. These conditions were observed:

a. Outdoor play equipment loaned by individuals in the community was in safe condition.
b. Babies being kept in separate room were well protected with safety devices.
c. All exits and entrances were open for free passage at any time.
d. In one center each age group had a separate room. Adequate floor space was provided for the number of children in each room. Equipment was well organized in work centers to allow for sufficient play space.
e. Play areas were partially protected with shrubs. Children were well supervised in outdoor play areas.
f. One center provided a gate at the door of the toddlers' room.
g. Three centers were housed in community buildings that meet requirements of Public Health and Safety Departments of the respective community.

2. Conclusion:

The equipment, building and playground must be safe for children. Young children work and play indoors and outdoors, rest, eat, and engage in many different active and quiet activities all involving the use of building facilities, space and equipment. Accordingly, safety regulations must be met in the same way as those of sanitation. Local Departments of Public Safety specify regulations pertaining to fire protection, egress and wiring. Regular inspection of buildings housing day care centers by the local fire chief or his authorized representative would ensure a greater degree of safety for infants and young children.

Maintaining adequate safety in day care centers for young migrant children should be a matter of real community concern. These children need the best that a state or local community can give in supplementary care and protection.

CHAPTER V

THE PRESCHOOL SUPPORTIVE SERVICES

Results and Conclusions

The facts on the six migrant preschools funded by the State Education Department were gathered through observations and interviews.

A. An Overview

1. Results

Interviews with migrant summer school principals and preschool directors gave insight into the organization and operations of the summer school programs and the integration of the preschool classes into the total program. Preschool classes shared the same ancillary services as the other children in the same building. Not all preschool centers were located in school buildings, two were housed in well equipped churches. Because four of the centers were located in school buildings, problems of sanitation and safety, outdoor play space protection, and good health practices were not major concerns, as public health and safety regulations were strictly followed. The two centers housed in churches complied with local governments' health and safety regulations.

2. Conclusion

In general the preschool centers were well housed and therefore were not confronted with extreme problems of safety and health. Personnel in the preschool centers were both professional (elementary school teachers) and para-professional who had taken work in the migrant aide training programs. Nurses, social workers, attendance workers, psychologists, and guidance counselors were very knowledgeable of the teacher's task, the objectives of the summer program and the subculture of the migrant community.

B. Ancillary Services

1. Results

Careful analysis of data from one preschool center gives evidence that the director was perceptive of the need of supportive services for each child. The report states:

> In a large community, pediatricians were made available for additional medical services to preschools serving migrant children. This additional medical service and referral follow-through, improved the health of several children and made learning fun.

An interview record from one center indicates:

> A social worker was spending most of his day in the migrant

> camp, following up on attendance, and to find out "why" the preschoolers are absent so frequently. Special reasons as to why the preschoolers are kept home are, no shoes and no clothes. He helps the families by providing them with clothing secured from churches and community people. He helped the families build up trust in people outside of the migrant camp.

Another interview reports a psychologist-director initiated program variations that encouraged gains in ego-strength. It states:

> As a psychologist he made individual assessment of each preschool child. The cumulative records were available to each teacher. He planned with the teachers many learning tasks or experiences that would tend to enhance each child's ego strength. The program included many stimulating activities, all of which proved very rewarding to the young children in this center.

The evaluator reports her observations and comments on her interview with the school nurse in a preschool situation. The nurse was intensely involved in hearing and vision testing, making prompt follow through on referrals. She made home visits in an attempt to establish good parent-school relationships. The evaluator states:

> That nurse was most enthusiastic about the preschool program and was very willing to discuss her supportive role. She had well organized records on each child in the preschool classes. She also knew each child individually and was warm and friendly toward each one.

2. Conclusion

Professionals in ancillary services occupy a very essential supportive role in which they are able to translate to migrant parents and t e general community the preschool teacher's work with the young migrant child, and the basic goals of the summer program. Such auxilliary teams can design with the preschool center directors and teachers, programs essential to home-school relationships, school-community relationships that would be far-rea ng in affective dimensions for migrant families and the school-co munity. The study director is convinced of the value of supportive services in the development of multidimensional programs for disadvantaged children and their families. Physical, social, emotional and mental development will take place in an environment where all professionals and non-professionals work as a supportive team.

C. Nutrition and Mealtime

1. Results

The evaluator reported this observation as being typical of meal-

time in two of the six preschool centers.

> Adults served each child and each responded with a smile or "thank you." Teachers and aides sat at tables with children and showed children the proper way to eat various kinds of food. There were four or five children per table and one adult. All meals were served in family style with each child helped in forming good eating habits. New or unfamiliar foods were introduced with very small servings and some conversation about the particular food. Meal routines at these centers were pleasant and happy occasions for children and adults.

This recorded observation of mealtime at one center, indicates the need of staff development.

> Servings at both breakfast and lunch were extremely skimpy. Most of the foods included in menus were starches. The teachers would not permit seconds in spite of the very small first servings. Mealtime climate was very tense with no conversation. Children were required to wait until all had finished.

2. Conclusion

A well nourished child has a better chance to learn. Therefore, providing an ample supply of nourishing foods is an essential part of a preschool school program. Adults who eat at the table with the children can help each child establish good food habits.

There are individual differences in children's eating styles. Some children have good, strong appetites and will take second and third servings. Others have rather light and delicate ones and may not complete one serving. Children's appetites vary from day to day. It is better therefore, to start with small servings (not skimpy) such as one to two tablespoons each of vegetables, etc.

Mealtime should be a pleasant experience for each child. When the child enjoys eating he is likely to establish good food habits and develop positive attitudes toward all foods. "Family style" service encourages these attributes.

Eating can be fun for a hungry migrant preschooler.

CHAPTER VI

THE DAY CARE AND PRESCHOOL EDUCATIONAL PROGRAM

Results and Conclusions

The data on the education component represents evidence collected through observations and interviews in the eleven day care centers.

A. Learning Environment

1. Results

In six centers there was a lack of stimulation for learning in the playrooms or playyards and generally inadequate toys, play materials and equipment. Three situations had one or two pieces of house play equipment such as a stove, or kitchen cupboard, but with no accessories, such as nonbreakable dishes, play eating utensils.

One director described toys sent to her center as soiled or dirty, torn, splintered, and with sharp edges. Toys in such condition were observed in each of the six centers visited. None of these centers had unit building blocks, transportation toys, or other appropriate toys to use with block building.

No outdoor equipment for muscular development was seen. Interviews in each of these centers revealed that the adults in the centers feared accidents. Therefore, the one piece of climbing equipment provided centers was not assembled. There were no tricycles to ride, wagons to pull, hollow blocks to build, lift or pile, thus limiting the learning opportunities in the outdoor playyard.

The five centers that had a reasonable supply of appropriate toys and equipment had received them largely through donations from interested citizens. Such equipment included unit blocks, telephones, manipulative objects, and various table games. It was observed that these centers had motor toys that could be used outdoors and generally one piece of assembled climbing equipment. Adults in these five centers guided the children in the use of toys, materials, and equipment, consequently, stimulating learning.

2. Conclusions

The learning environment of a day care center should provide opportunity for motor and sensory experiences, for continued active investigation of the property of things and for discovery of how things work. The total development of the young child is stimulated by environments which are rich in sensory experiences; which make use of table games, toys and manipulative objects. Also equipment should include an ample supply of telephones, picture books, blocks, stand-up wooden or hard rubber figures of animals or people; and other an-

propriate materials to stimulate and broaden each child's interest and permit learning to take place.

B. Curriculum Experiences

1. Results

Interesting activities and experiences were observed at five of the centers. A variety of stimulating activities designed to encourage language development, such as storytime, dramatic play, and conversation were seen. Attractive book centers with suitable books, pictures, magazines, large stand-up story characters and flannel boards were observed. Children and adults were participating in meaningful experiences that contributed to language growth. In one of the five centers the study director observed verbal labeling of many objects by teachers and repeated by the children.

In the remaining centers very, very, limited experiences were provided to stimulate language growth or learning in general. In three centers the three and four year olds were engaged in counting, calling out at random letters of the alphabet, and repeating parts of nursery rhymes. No meaningful activities were taking place.

2. Conclusions

As the young child comes to perceive the world about him, and as he is given words or symbols to "attach" to an object, the particular object becomes "fixed" in his mind. Such language stimulation should constantly be taking place in the learning environment of young children.

Short lived group projects for the four and five year olds offer many opportunities for oral communication. Neighborhood walks with plenty of observing and labeling will help the children associate words with the correct referents. Such abundant exposure to language should be included in the daily program of centers for young children.

C. Art Experiences

1. Results

An examination of the evaluator's reports indicates full supplies of general type art materials were provided in all eleven day care centers. These were used inappropriately in six centers. These data were recorded for two centers:

Center One- The art program for the three and four year olds was highly structured. Children sat around the table for art activity. Adults had cut a number of birds and made small soap boats. Each was given one bird and a soap boat. Children had only to put the bird in the boat. Adults labeled the finished product with the child's name.

Center Two- Flowers cut from colored construction paper and posted

on pipe cleaners were passed out to the children. Following the passing of flowers each child was given a cork. The adult in charge demonstrated how to stick the flower in the cork. With assistance, each child stuck his flower into the cork. His art product was then labeled with his name.

In three centers art experiences were not included in the program for any age group.

Evidence gathered from observations and interviews from four centers indicated efforts were made to provide art experiences for the children. Some of the activities were highly structured but involved the children more in the process of making the product. An adult in one center had a collection of "beautiful junk" and was encouraging the fours and fives to use it creatively. She helped the children when needed.

2. Conclusion

It is important for adults to remember that during art activities all young children are less interested in skill and the end product. They enjoy manipulating and experimenting with the materials. The process not the end product is important to the child. The creativity of process is essential. Toddlers need the freedom to scribble for the enjoyment and beginning manipulation. All young children need many sensory experiences that might be associated with creative art, such as patting, poking, and pounding clay or play dough.

Media that provide opportunity for emotional outlet should be included in the art experiences: liquid he can splash, dash and pour; gooey material like finger paint to squeeze, rub and spread; raw materials collected from outdoors to pound, paste, pour and pull.

Such art activities allow the child to experience unusual materials in a free and less structured way. The child can experiment with color, design and a variety of media in ways that produce something uniquely his own. This then offers the adults opportunities to give praise and encouragement for his efforts, such as a smile, a word of praise, and his product clearly labeled with his name.

D. Music Experiences

1. Results

Descriptive data from the eleven day care centers does not reveal musical activities as a major part of the learning experiences of the children. Music activities appeared on the schedules of two or three centers, but interviews with directors indicated that most of the adult working with the children didn't have sufficient background training or a repertoire of children's songs and singing games. Record players had been donated to two centers but no appropriate records were seen in the collections.

2. Conclusion

Musical experiences provide meaningful opportunities for language development, since music places language in an enjoyable frame work. Young children need many opportunities for exploring movement. Children enjoy spontaneous movements and will naturally respond to strongly accented music. "Movement for the sake of movement" is a real delight for the child. Again the creative process is enjoyed without thought of the product. Each child has his own rate of response, in his own unique way influenced by his body structure and temperament. For the young migrant child whose language is basically deficient thus preventing free flow of oral expression, music provides an opportunity to participate with peers in freely expressing oneself. Group singing within his age group provides practice in verbalizing and forming the better speech patterns which he greatly needs.

Finally, younger children enjoy the sound and rhythm of music, for music is everywhere.

This chapter has emphasized a significant fact which is that educational programs for preschoolers should not be highly structured. The young migrant child and his family are stigmatized as culturally disadvantaged. Thus, in every exposure the child has, in a relaxed, stimulating environment, he is learning to touch, taste, smell, hear, move, and see many things. Eventually, he learns to label the things enjoyed through multi-sensory experiences.

SUMMARY OF RECOMMENDATIONS

The favorable results of the migrant day care and preschool program depend on the basic components, and on the quality of all adults involved with each component. Consequently it is essential that each center strive to develop an excellent and well integrated program. These recommendations cover basic concepts relevant to a good program for day care and preschool age children.

A. Educational Component and Staffing

1. Day care centers and preschool classrooms should provide adequately for the total development of the young child. Learning should take place through direct experiences, stimulated by such concrete materials as blocks, varied size objects, appropriate toys and equipment for dramatic play, manipulative play, and muscular coordination.

2. Adequate space should provide:

   a. Clearly defined work-play centers and/or neat arrangement of materials in given work areas.
   b. Colorful and attractive rooms.
   c. Facilities and appropriate equipment to stimulate learning.
   d. Facilities for storage of art and other materials.

3. Directors, teachers, aides, volunteers, et al should:

   a. Prepare rooms daily for work-play activities.
   b. Show the child the correct use and care of each piece of material, each toy or piece of equipment.
   c. Move about the play area properly supervising the children at all times.
   d. Have an awareness of each child as an important individual.
   e. Be alert to meet each child's needs, to talk with him, help him identify and verbally label objects, persons, and things.
   f. Provide daily a stimulating program of interacting, verbalizing, identifying, sorting, role playing, singing, playing, and all such direct learning tasks.
   g. Permit expression of spontaneous ideas, and self-initiated play.
   h. Provide for active as well as quiet activities to increase the multisensory experiences of the group.
   i. Plan neighborhood walks as meaningful language experiences.
   j. Work with individual children as frequently as possible to build close interpersonal relationships.

4. Staff development program components:

   a. Development of staff including volunteers should include the organization and operation of summer preschool programs.
   b. Summer preschool leaders should be trained to plan and develop programs in the light of the needs, interests and characteristics of threes, fours, and fives rather than around structured content subject matter of elementary grades.

c. Adults working with migrant children should be trained to perform their duties as good, responsible surrogate parents.
d. Adequate orientation and continued guidance should be given 4-H Club members, college students and all youth assistants who participate in summer day care centers and preschool classes.
e. Parents should be sufficiently involved in the programs to at least understand the importance of them for their child so that they might give some support and reinforcement when they return to their home state.
f. Teachers and other adults who work with disadvantaged young children should be trained in ways of helping each child develop a positive self-image.
g. Teachers should be helped in being able to compile a daily education log, or in the keeping of anecdotal records for each child in summer preschool classes; reporting such as:

social-emotional development
muscular coordination
language development
perceptual and conceptual growth
self-concept development

These records along with health records should be forwarded to school districts that have Follow Through Kindergarten Programs and/or Year Round Head Start Programs. This system would encourage parents to continue the child's early education.

5. While school administrators, principals and directors of summer school migrant programs are highly efficient in their administrative roles; generally, few have been exposed to preschool education philosphy, principles, and programming. For this reason, the administrative personnel should visit, observe, or attend early childhood education training programs.

6. In the area of structure and programming, all personnel participating in migrant summer programs for young children should involve themselves in the community in which they are serving, in at least one community activity that is not directly related to the school program. Direct involvement in an area of community concern frequently involves a community in children and the operation of a good program. A chain reaction for migrant preschoolers may be the positive result.

B. Nutrition and Food Program

1. Directors, teachers, aides and food service personnel should be instructed in the essentials of a good nutrition and food program in day care centers and preschool classes.

2. Components of a good nutrition and food program:

a. Mealtime should be a happy, relaxed time for the child.
b. Each child should wash hands and be ready to enjoy his meal; he should have some choice in the selection of his food; he should be offered small servings with assurance that he can have more.
c. All new foods should be introduced gradually; allow each child to taste small amounts in the beginning.

d. Finger foods should be served with lunch and frequently at snack time.
e. Adults should eat at the table with the children and engage in conversation with them and should have a warm, friendly attitude toward both the child and the foods served.
f. The meal scheduling should meet the needs and demands of the children. Snacks should be spaced so that appetites are not spoiled at mealtime.
g. Sufficient facilities should be provided for the preparation of food to eliminate long waits for mealtime.
h. Cultural factors should be considered in planning menus for the center. Food patterns reflect cultural background, family likes and dislikes of foods, religious factors and geographical location.

3. Considerations for the protection and care of food:

a. Adequate food storage should be provided for all foods. Perishables should be kept hot or refrigerated.
b. Appropriate garbage containers should always be kept tightly covered.
c. Personnel responsible for handling food should wear head covering, and uniforms or appropriate covering of clothing.
d. Hand washing facilities and paper towels should be easily accessible in or adjacent to the kitchen.
e. Kitchen floor, equipment, dishes, and cooking utensils should be clean and safe at all times.
f. All public health and safety codes should be strictly enforced.

C. Health Program

1. All good health practices essential to maintaining healthy children and adults should be followed.

2. Referrals should be promptly followed through by personnel involved in maintaining a good health program.

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APPENDIX A

Survey Evaluation Instrument
for
Migrant Day Care Centers

(numbers on lines indicate results of center interviews)

I. Objectives

Evaluator requests written statement of Center's objectives.

(a) 10 No statement available
(b) 1 Statement available

Child will	Yes	No
(1) develop positive self-concept	4	5
(2) develop desirable habits in care of property	4	5
(3) develop desirable health habits	4	5
(4) develop desirable social habits	4	5
(5) develop positive attitude toward books	3	6
Program will		
(6) maintain or improve health	2	5
(7) provide environment for learning	3	5
(8) develop parent participation	1	5
will assist parents in realizing goals for children	1	5
will support parents in meeting problems of housing and delinquency	1	5
will strengthen the family unit	1	5
will increase parental involvement in the community	1	5

II. Program

Evaluator observes program to compare with objectives

for goal #1 greetings by name 5, name on work 3, name on place 3, name song and games ____, individually scheduled jobs ____, pictures of self 3, mirror 6

for goal #2 clean up times 5, place things in proper order 4, schedule of jobs 0

for goal #3 wash-times ____, wash-up at lavatory break 5, discussion of balanced meals at snack and meal times 3, introduction of new foods with discussion 1

for goal #4 greetings 5, name games 0, guess who games 0, clean-up time 2, free play in small groups 5, supervised use of equipment (for sharing) 4

for goal #5 attractive book area 4, story time in book area 4

for goal #6 balanced diet 5, health program 5 (See Schedule III)

for goal #7 individual and group meetings of parents 1, recreational and social meetings with parents 2, parents' days 2

III. Nutrition

Nutrition Study Questionnaire	Yes	No
A. Breakfast		
1. Do you serve breakfast?	9	2
2. Which migrant children receive breakfast each day:		
a. All	9	
b. None	2	
c. Those who say they had no breakfast at home	0	
3. Does breakfast consist of:		
a. Some type of fruit or juice	7	
b. Hot or cold milk based beverage	7	
c. Hot or cold cereal	6	1
d. One or more bread items	4	
e. Bacon, ham, or other type of meat	0	
f Eggs	6	
g. Grits	5	
h. Other		
B. Lunch		
1. Is the school lunch director a qualified dietitian?	1	9

	Yes	No
2. Is the dietitian on duty throughout the session?	1	8
3. Do the lunches meet the standards of a type A lunch as set down by the ADA?	4	1
4. Does the migrant child have any choice of food other than the type A lunch?		11
5. Do all choices meet the nutritional standards of a type A lunch?	5	
6. Are menus designed to appeal to the ethnic background of the migrant children?	5	6
7. Has the teacher-nurse ever reported any specific cases of malnutrition which might be eliminated by diet?	1	4

8. How many cases of malnutrition has the teacher-nurse reported?

   a Exact 1
   b. Estimate ____

9. How many reported cases of malnutrition have been given a special diet?

   a. Exact 1
   b. Estimate ____

C. Snacks

	Yes	No
1. Is there a snack served each day?	10	
2. Is the snack served in the morning?	6	5
3. Is it a hot food item?		
4. Does the snack consist of:		
a. Milk or fruit juice	10	
b. Cookies	10	
c. Sandwich	1	
d. Fruit	5	
e. Ice Cream		
f Candy		

IV. Medical-Dental

	Yes	No
(1) Does each child receive a physical examination?	4	2

(2) To whom are referrals made?

a. family physician ____
b. public health officer 9
c. Other nurse 2 clinic 11
(Specify) camp clinic 3

(3) How many referrals have been made? (Enter numbers in appropriate blanks in question #2 above.)

(4) Does each child receive a dental examination?	2	7

(5) To whom are referrals made?

a. family physician ____
b. public health officer ____
c. Other dentist at clinic 5 children
(Specify) 22 adults

(6) How many referrals have been made? (Enter numbers in appropriate blanks in question #5.)

(7) What follow-up is made on referrals? If follow-up is said to exist, investigator obtains brief description of follow-up which has occurred

(a) by Center Director ____
(b) by Social Worker ____
(c) Other nurse
(Specify)
(d) no follow-up 5

(8) Is psychological evaluation obtained

(a) for all entrants ____
(b) for special cases 1
(c) not available ____

(9) If psychological evaluation is available, what follow-up?

(a) clinical psychologist 1
(b) psychiatrist ____
(c) other ____

V. Environment for Learning

(1) What measurements are made

(a) Binet _____
(b) Frostig _____
(c) Skills Growth Scale 1
(d) ITPA _____
(e) Other _____
(Specify)
(f) None _____

(2) What chedule of measurement

(a) at entrance 1
(b) at conclusion 2
(c) other times _____
(Specify)

(3) What program

	Centers
(a) Free play	7
(b) Creative play	
( ) Collage	2
(2) Clay	6
(3) Finger Paint	4
(4) Other Paint	6
(5) Other	
(c) Story time	9
(d) Large muscle games	donated equipment and motor toys 4 centers
(e) Small muscle games	community donated puzzles and small muscle games 5 cemters

(4) Evaluator asks to see records of attendance and other program relat d items.
Attendance records not available 9 centers
Attendance records available 1 center

(5) Compare sample schedule

A. M. Group

Greetings
Free Play
Clean-Up
Snack time or Breakfast
Quiet (Small-muscle activities) play
Lavatory break
Outdoor and vigorous (large-muscle) play
Rest
Wash-up
Lunch

Preparation for Dismissal

P. M. Group

Greetings
Wash-up
Lunch
Quiet activities
Clean-up
Vigorous Play
Rest
Wash-up
Snack
Preparation for dismissal

VI. Facilities and Maintenance of Program

(1) Sand-table ____
(2) Swings 2
(3) Slides 2
(4) Teeter board 3
(5) Jungle-gym 2
(6) Wheel-toys 5
(7) Sinks 9
(8) Piano 6
(9) Other ____
Record player 4

Most outside equipment donated by individuals in the community.

Condition of kitchen or serving area

Excellent 3 Good 4 Poor 3 Unreported 2

Condition of toilet

Excellent 5 Good 5 Poor 4 Very Poor 1 Unreported 2

Maintenance of Program

(1) Fire Safety 6 centers
No fire safety 3 centers
Fail to pass inspection 1 center
Unreported 1 center

(2) Evacuation drills - how often?
Unreported 11

(3) Is the room arranged into areas for block play 3,
library 3, sensory-motor development 2,
water play 1, art media 5, sand play ____,
puppetry 2, flannel board 2, chalk board 4,
musical play 4

(4) Number of centers with some type of language development.
What activities encouraged language development?
Story time 9, naming of objects 2, telling time 0, dramatic play 4, speech games 2, play with books 0, Other (list)_____

(5) Evaluators list what you believe to be regular activities in the following categories:

	Centers	
Creative Art Clay Collages Painting	3	Unreported 2
Music Singing games Singing time Music activities with record player	8	
Mathematics Counting Number games	3	
Science Nature walks Goldfish	3	
Physical Education Free play activities in yard	3	

(6) Interaction:

Was the teacher acceptant? 6 Unreported 5

Which of the following could be observed:
Children encouraged to play in groups of two rarely
Children encouraged to play in groups of four or more rarely
Teacher inspiring confidence in shy, withdrawn, aggressive children rarely
Teacher reprimanding children seldom

(7) Characterize the program in the following ways:

		Centers		Centers		Centers
Socialization	organized	3	disorganized	4	not apparent	2
Large muscle play	organized	3	disorganized	2	not apparent	4
Creative art	organized	4	disorganized	2	not apparent	4
Language development	organized	2	disorganized	4	not apparent	3
Science learning	organized	3	disorganized	2	not apparent	5
Musical experiences	organized	3	disorganized	4	not apparent	3

(8) Parent participation:

What proportion of parents have visited the center?

Less than 10 3
Less than 25 2
Less than 50 _____

List activities which involved parents

Sewing class for mothers
Open house
Buying clothes
Closing programs
Going on trips

Ask director to state what he believes parent participation should be and how it should be developed.

Most directors felt parent participation was not possible because of their long hours of work in the fields

(9) Staff:

What staff are involved in the center? (List below)

Professional full-time

Director - 3 centers
Assistant director - 1 center
Teachers - 3 centers

Non-Professional full-time

Director - 4 centers
Cook - 5 centers
Aides - 6 centers
Assistant director - 1 center
Migrant mothers - 1 center

Professional part-time (specify time)

Volunteer teachers - 1 center
Volunteer nurse - 1 center
Doctor and dentist - 1 center
Vista worker - 1 center

Non-Professional part-time (specify time)

Volunteers - 3 centers (weekly)
College students - 3 centers (weekly, daily)
High School students - 1 center (2 hours per day)
Cook - 1 center (daily)
Aide - 1 center (3 days weekly)

APPENDIX B

Survey Evaluation Instrument
for
Migrant Preschool Centers

(numbers on lines indicate results of center interviews)

I. Objectives

Evaluator requests written statement of Center's objectives.

(a) 3 No statement available
(b) 3 Statement available

Child will	Yes	No
(1) develop positive self-concept	3	1
(2) develop desirable habits in care of property	2	1
(3) develop desirable health habits	4	0
(4) develop desirable social habits	2	1
(5) develop positive attitude toward books	3	1
Program will		
(6) maintain or improve health	4	0
(7) provide environment for learning	3	0
(8) develop parent participation	1	1
will assist parents in realizing goals for children	1	1
will support parents in meeting problems of housing and delinquency	1	1
will strengthen the family unit	1	1
will increase parental involvement in the community	1	1

II. Program

Evaluator observes program to compare with objectives.

for goal #1 greetings by name 2, name on work 5, name on place 3, name song and games 1, individually scheduled jobs 3, pictures of self 4, mirror 4

for goal #2 clean up times 2, place things in proper order 1, schedule of jobs 1

for goal #3 wash-times 2, wash-up at lavatory break 2, discussion of balanced meals at snack and meal times 2, introduction of new foods with discussion 2

for goal #4 greetings 1, name games 1, guess who games 1, clean-up time ____, free play in small groups 3, supervised use of equipment (for sharing) 3

for goal #5 attractive book area 4, story time in book area 2

for goal #6 balanced diet 5, health program 5 (See Schedule III)

for goal #7 individual and group meetings of parents 1, recreational and social meetings with parents 2, parents' days 0

III. Nutrition

Nutrition Study Questionnaire	Yes	No
A. Breakfast		
1. Do you serve breakfast	6	
2. Which migrant children receive breakfast each day:		
a. All 6		
b. None		
c. Those who say they had no breakfast at home		
3. Does breakfast consist of:		
a. Some type of fruit or juice	6	
b. Hot or cold milk based beverage	6	
c. Hot or cold cereal	6	
d. One or more bread items	4	
e. Bacon, ham, or other type of meat	1	
f. Eggs	3	
g. Grits		
h. Other		
B. Lunch		
1. Is the school lunch director a qualified dietitian?	5	
2. Is the dietitian on duty throughout the session?	5	

	Yes	No
3. Do the lunches meet the standards of a type A lunch as set down by the ADA?	4	
4. Does the migrant child have any choice of food other than the type A lunch?	3	1
5. Do all choices meet the nutritional standards of a type A lunch?	3	1
6. Are menus designed to appeal to the ethnic background of the migrant children?	1	1
7. Has the teacher-nurse ever reported any specific cases of malnutrition which might be eliminated by diet?	1	

8. How many cases of malnutrition has the teacher-nurse reported?

   a. Exact 10
   b. Estimate ____

9. How many reported cases of malnutrition have been given a special diet?

   a. Exact 10
   b. Estimate ____

C. Snacks

	Yes	No
1. Is there a snack served each day?	4	2
2. Is the snack served in the morning?	1	5
3. Is it a hot food item?		1
4. Does the snack consist of:		
a. Milk or fruit juice	3	
b. Cookies	3	
c. Sandwich		
d. Fruit	2	
e. Ice Cream	1	
f. Candy		

IV. Medical Dental

	Yes	No
(1) Does each child receive a physical examination?	5	

	Yes	No
(2) To whom are referrals made?		
a. family physician		
b. public health officer		
c. Other nurse 1		
clinic 2		
doctor 1		
(3) How many referrals have been made? (Enter numbers in appropriate blanks in question #2 above.)		
(4) Does each child receive a dental examination?	4	
(5) To whom are referrals made?		
a. family physician 1		
b. public health officer		
c. Other clinic 1		
dentist 3		
medicaid 3		
(6) How many referrals have been made? (Enter numbers in appropriate blanks in question #5.)		
(7) What follow-up is made on referrals? If follow-up is said to exist, investigator obtains brief description of follow-up which has occurred		
(a) by Center Director 1		
(b) by Social Worker 1		
(c) Other nurse 1 (Specify)		
(d) no follow-up		
(8) Is psychological evaluation obtained		
(a) for all entrants		
(b) for special cases 3		
(c) not available		
(9) If psychological evaluation is available, what follow-up?		
(a) clinical psychologist 1		
(b) psychiatrist		
(c) other		

Records of all of above should be available because examination required 30 days prior to admission (15 days for infants under 6 months)

Evaluator asks to see health records

Health records available 1

V. Environment for Learning

(1) What measurements are made

(a) Binet ____
(b) Frostig ____
(c) Skills Growth Scale ____
(d) ITPA ____
(e) Other ____
(Specify)
(f) None ____

(2) What schedule of measurement

(a) at entrance 1
(b) at conclusion 1 Peabody picture vocabularies
(c) other times ____
(Specify)

(3) What program

(a) Free play 5
(b) Creative play ____
(1) Collage 1
(2) Clay 4
(3) Finger Paint 3
(4) Other Paint 5
(5) Other 2
(c) Story time 5
(d) Large muscle games 5
(e) Small muscle games 5

(4) Evaluator asks to see records of attendance and other program related items.
Attendance records available 2
Attendance records not available 4

(5) Compare sample schedule

Comparison

A. M. Group

Greetings
Free Play
Clean-Up
Snack time or Breakfast
Quiet (Small-muscle activities) play
Lavatory break
Outdoor and vigorous (large-muscle) play
Rest
Wash-up
Lunch
Preparation for Dismissal

P. M. Group

Greetings
Wash-up
Lunch
Quiet activities
Clean-Up
Vigorous Play
Rest
Wash-up
Snack
Preparation for Dismissal

VI. Facilities and Maintenance of Programs

(1) Sand-table 3
(2) Swings 3
(3) Slides 5
(4) Teeter board 2
(5) Jungle-gym 4
(6) Wheel-toys 6
(7) Sinks 6
(8) Piano 1
(9) Other Record player 5

Condition of kitchen or serving area

Good 4

Condition of toilet

Good 3
Fair 1

Maintenance of program

(1) Fire Safety 6 centers

(2) Evacuation drills - how often?
Unreported 6 centers

(3) Is the room arranged into areas for block play 4, library 3, sensory-motor development 3, water play 1, art media 4, sand play 1, puppetry 4, flannel board 4, chalk board 4, musical play 2

(4) What activities encouraged language development? Story time 1, naming of objects 2, telling time 1, dramatic play 1, speech games 2, play with books 1, Other (list) audio-visual 1

(5) Evaluators list what you believe to be regular activities in the following categories:

Creative Art 5

Music 3

Mathematics 3

Science 5

Physical Education 5

(6) Interaction:

Was the teacher acceptant? 2

Which of the following could be observed:
Children encouraged to play in groups of two 2
Children encouraged to play in groups of four or more 2
Teacher inspiring confidence in shy 2, withdrawn 2,
aggressive 1, children. Teacher reprimanding children 1

(7) Characterize the program in the followsing ways:

Socialization	organized 5	disorganized	not apparent
Large muscle play	organized 4	disorganized 1	not apparent 1
Creative art	organized 4	disorganized	not apparent 1
Language development	organized 4	disorganized 1	not apparent 1
Science learning	organized 4	disorganized	not apparent 1
Musical experiences	organized 3	disorganized	not apparent 1

(8) Parent participation:

What proportion of parents have visited the center?

Less than 10 3
Less than 25 1
Less than 50 1

List activities which involved parents

Field trips 2
B'rthday parties 1
No involvement 1
Parent meetings 1
Luncheon meeting 1

Ask director to state what he believes parent participation should be and how it should be developed.

No statements reported.

(9) Staff:

What staff are involved in the center? (List below)

Professional full-time

Directors
Psychologist
Teachers
Aides
Nurses
Social Workers

Non-Professional full-time

Aides
Youth

Professional part-time (specify time)

Physical Education teachers
Pediatrician
Doctor

Non-Professional part-time (specify time)

4-H Girls
Aides
College and high school students